SUBRECIPIENT INSTRUCTIONS FOR
WIOA UI DATA CONSENT AUTHORIZATION FORM (WIOA UI DCAF)

STEPS FOR PREPARING WIOA UI-DCAF TEMPLATE
1. Print WIOA UI-DCAF template on subrecipient letterhead paper. 2. Customer and subrecipient caseworker must complete all designated entries. 3. Customer and subrecipient caseworker must sign and date form. 4. Form must include LOCATION CODE assigned to subrecipient requester. 5. Submit form via fax or U.S. mail depending on customer's choice to the UI address or fax number on the top of the WIOA UI-DCAF. 6. If mail method is selected, mail original consent form to UI address on top of form. Keep a copy of form in the customer's case file. 7. The subrecipient is responsible for reporting any changes or updates to the subrecipient fax phone numbers or subrecipient mailing address to the Central Office Workforce Services Division as indicated in the directive. Illegible or incomplete forms will be returned to the requester.

FIELDS ON FORM	REQUIRED DATA
CUSTOMER'S NAME	Type or legibly print the customer's first, middle initial and last name. Include any additional name(s) used by customer within the last two years while working and/or to file an Unemployment Insurance claim.
CUSTOMER SIGNATURE	Must be the customer's complete signature. No initials.
SIGNATURE DATE	Actual date the customer signed this form.
CUSTOMER SSN	Type or legibly print the customer's Social Security Number.
TRANSMIT MY UI INFORMATION VIA	Select one box only with an "X". Customer must select the method this form must be submitted to UI.
SUBRECIPIENT NAME	Type or legibly print the full name of the subrecipient requesting the information.
SUBRECIPIENT CASEWORKER NAME	Type or legibly print the name of the subrecipient caseworker to which data requested is to be sent.
SUBRECIPIENT CASEWORKER SIGNATURE	Signature of the subrecipient caseworker requesting the data. No initials.
SUBRECIPIENT CASEWORKER PHONE NUMBER	Contact phone number for subrecipient caseworker.
SIGNATURE DATE	Actual date the subrecipient caseworker signed the form.
SUBRECIPIENT LOCATION CODE	Identification code assigned to the subrecipient office requesting the data based on county and office location.